

been done among employees, especially in wards or cottages where tuberculous patients have been found. So far, this has resulted in the finding of one employee with active tuberculosis, which we felt was a result of contact in the institution. We hope to extend this survey so that each employee has at least one x-ray for record and subsequent fluoroscopic examination yearly. In the meanwhile they may voluntarily come for this examination. Also all employees on the wards and cottages are to have a tuberculin test once yearly until the test becomes positive. All tuberculosis hospital nurses are x-rayed twice yearly, and it has been recommended that a tuberculin be done every six months until positive.

NO DECLINE IN NUMBER OF DIAGNOSES

During the past ten years the number of diagnoses made has not appreciably declined. There are probably several explanations for this: (1) It has taken us a number of years to get through the institution on survey because of lack of personnel. (2) Development of contact cases, due in part at least to overcrowding. (3) Lack of frequency of review. In the next several years we anticipate a decline. However, there are a number under observation for diagnosis at present, and there will be some who will develop tuberculosis from previous contacts. Some will be admitted from the outside. The death rate remains fairly constant.

In the past ten years approximately 35 cases have been admitted here who were diagnosed prior to admission, and since we have been x-raying all new admissions we have diagnosed a number who had no previous record of tuberculosis.

Treatment consists of bed rest and general care, collapse therapy, pneumothorax, phrenemphraxis, etc., as indicated. Since about 1940 or 1941, 122 patients have been treated with pneumothorax. Of this number 27 are now arrested, 38 are on active treatment with adequate collapse, 21 were abandoned because collapse therapy was unsuccessful or inadequate, seven abandoned because of uncoöperativeness of the patient, 17 died from tuberculosis, two died from other causes, five were transferred or escaped, and five on parole, either arrested or maintaining adequate collapse. Fifteen phrenemphraxis, 23 pneumonolyses and one thoracoplasty have been done. Fifty-eight per cent of those under pneumothorax treatment fell in the idiot and imbecile classification.

POST-WAR PLANS DEVELOPED

For the furtherance of work in tuberculosis in the Sonoma State Home we now have post-war plans fairly well developed for the construction of a new tuberculosis hospital with a bed capacity of approximately 200, with a rounded out personnel to properly operate such a building in every detail. Our hope in time is to be able to make a better showing than we have been able

to do in our old and overcrowded, inadequate buildings, which were really condemned many years ago, but for which we have been unable to secure money sufficient to build the modern type construction. This building is at the head of the list of our post-war building program at Sonoma in the amount of over seven million dollars. Plans are that immediately the war is over we will begin construction, the hope being that in time tuberculosis can be so controlled that the building can gradually be turned over for other uses in the institution.

Sonoma State Home.

EXPERIENCES AT PATTON STATE HOSPITAL*

R. E. SMITH, M. D.
Patton

TUBERCULOSIS has long been recognized as a problem by the authorities of the State Hospitals of California. In the late twenties, Patton State Hospital was selected as the place for hospitalization of known tuberculous patients from other mental institutions of the State. Cubicles built into two of the wards were the only provision made for these patients, at first. Seven years ago two new buildings were put up for the housing of tuberculous patients. These each had a bed capacity of 45 to 50. These wards or cottages were increased in size, two years ago, so that now there are beds for 135 male and 135 female tuberculous patients. Emphasis has always been upon segregation. Rest, nourishment and collapse therapy, by artificial pneumothorax and by pneumoperitoneum, are the principal means of treatment used thus far.

Some indication of the seriousness of the problem presented by tuberculosis is given by the annual death rate due to the disease. For the fiscal year ending June 30, 1943, the total number of deaths at Patton State Hospital was 297. Tuberculosis was given as the cause of death in 61 or 20.5 per cent of these cases.

The patients already segregated in the tuberculosis wards were studied carefully and reclassified from the standpoint of present status and exact diagnosis.

TABLE 1

<i>Female Patients</i>	135	
Found to be arrested or non-tuberculous	42	31.1%
Minimal active	33	24.4%
Moderately advanced	32	23.7%
Far advanced	28	20.7%

TABLE 2

<i>Male Patients</i>	113	
Now arrested or non-tuberculous	24	21.2%
Minimal	27	23.9%
Moderately advanced	33	29.2%
Far advanced	29	25.6%

* From the Patton State Hospital, Patton.

Synopsis of a paper read before the California Tuberculosis and Health Association and the California Trudeau Society in a symposium on Tuberculosis in Institutions in California, Los Angeles, March 29, 1944.

The tuberculous found in a partial fluoroscopic survey among the apparently healthy patients subsequent to the above analysis were divided as follows:

TABLE 3

<i>Female Patients</i>	30	
Minimal	7	23.3%
Moderately advanced	13	43.3%
Far advanced	5	16.6%
Observation cases (later found negative)	5	16.6%

TABLE 4

<i>Male Patients</i>	48	
Minimal	11	22.9%
Moderately advanced	9	18.8%
Far advanced	21	43.8%
Observation cases (later proved negative)	7	14.6%

Thus 66 patients of 1,008 were found with active disease or over 6 per cent.

CONCLUSIONS

1. Tuberculosis continues to be a major problem in state hospitals.
2. A survey should be made of all the inmates of each state hospital to determine who have tuberculosis.
3. All patients having pulmonary tuberculosis should be segregated.
Patton State Hospital.

FUTURE PLANS OF THE DEPARTMENT OF INSTITUTIONS*

DORA SHAW HEFFNER
Los Angeles

AFTER visiting the ten State institutions which handle approximately 30,000 mentally ill and mentally defective, conferring with superintendents and physicians in the institutions and with officials of the Department of Health, I reached three conclusions in favor of an intensive tuberculosis program in these institutions. They are:

1. That the tuberculous within the institutions will be approximately one-tenth of the total undiscovered tuberculous in the state. They are under custodial control, easy to reach, and need not be sent to a hospital if discovered tuberculous since they are already in one. By obliterating the problem within the institutions, the total California tuberculosis problem could be lessened by 10 per cent.
2. Thousands of employees within the Department of Institutions are exposed to tuberculosis, and not only constitute a personal and public health problem if they acquire the disease, but a very great expenditure and natural burden for the State through industrial compensation.
3. Since, under the present parole plan of the

* From the California State Department of Institutions. Read before the California Tuberculosis and Health Association and the California Trudeau Society in a symposium on Tuberculosis in Institutions in California, Los Angeles, March 29, 1944.

Department of Institutions, a large percentage of patients, either for transient period or permanently, are sent out of the institutions, these persons, if infected, constitute a menace to the family and to the general public.

Those three statements I presented to the Governor and the Governor's Council. They understood that a step should be taken, even before the war is over, for the protection of the people, both in the institutions and in the State.

In October we presented to the Governor's Council a plan for the establishment of two mobile units, completely staffed, to go to the various institutions, both in the north and in the south, to take x-rays of every person admitted, x-rays of every new employee, and x-rays of the entire present employee and patient populations, these x-rays to be repeated at frequent intervals. You can see, with approximately 30,000 patients and 4,000 employees, how important it will be for us to have a sufficient number of tuberculosis specialists, technical and office assistants, and adequate equipment. I have been given a report that the initial cost for those two mobile x-ray units, completely staffed, will be about \$60,540.

At present we have in all of our institutions 567 beds set aside for tuberculous patients. If we work out the post-war building plan I hope for, and which has been approved, we shall be able to take care of 1,394 tuberculous patients. We shall have four institutions caring for tuberculous patients, two in the north and two in the south, one in each section for mentally ill and one for mentally defective. These units, which will provide for the isolation of tuberculous patients from the others, will be located at Napa State Hospital, Patton State Hospital, Sonoma State Home, and Pacific Colony, and will be constructed at a cost of approximately two million dollars.

PRACTICAL INTERPRETATION OF NUTRITION IN WAR TIME*

GRACE G. HARDGROVE
Los Angeles

THROUGH Child Hygiene and Pre-Natal Conferences, the visiting nurses in homes and in industrial plants, and in collaboration with the nutrition committees of the War Councils, Home Economists in schools, industry, public utilities, and other agencies, nutrition information is adapted to meet the needs and the interests of the various groups.

What are the problems, and how are we meeting them?

1. Influx of population, untrained in public health.

Women from migrant families who have babies, or who are pregnant, usually come to the

* From the Nutrition Division, Los Angeles City Health Department.

Read before the California Trudeau Society and the California Tuberculosis and Health Association, Los Angeles, March 30, 1944.